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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
					Application Nurr	nber	10/659,0			
FEE TRANSMITTAL					Filing Date		September 10, 2003			
For FY 2009					First Named Inv	entor	Paul I. S:			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		V. Louis			
The state of the s					Art Unit		2474			
TOTAL AMOUNT OF PAYMENT (\$) 810.00					Attorney Docke	t No.	1361008-2012.3/10.035C3			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-0320 Deposit Account Name: Frommer Lawrence & Haug										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments										
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
Information and authorization on PTO-2038.										
FEE CALCULATI	ON	22224777777777				***********************	***********************			
1. BASIC FILING,										
	FILI	NG FEES Small E		SEAR	CH FEES Small Entity	EXA	INATIOI Small	V FEES Entity		
Apolloation Type	Fee !			eo (\$		Fee		2.(\$)	Fees Paid (\$)	
Utility	330	165		540	270	22	) 11	0		
Design	220	110	+	100	50	14	3 7	0		
Plant	220	110	<b>;</b>	330	165	17	) {	35		
Reissue	330	165		540	270	65	32	2.5		
Provisional	220	110	)	0	0		C	0		
2. EXCESS CLAIM FEES Small Entity										
Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26										
Each independent claim over 3 (including Reissues) 220									110	
Multiple dependent claims 390								390	195	
Manage of the second se					<u> Pald (\$)</u>	Multiple Dependent Claims				
- 20 or HP ≈ highest number		gid for if are	estes than 20					Fee (\$)	Fee Paid (\$)	
Indep. Claims		Claims	Fee (\$)	Fee	Paid (\$)		••••			
-3 or HP = X =										
HP = highest number of independent claims paid for, if greater than 3.										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late filing surcharge): Request for Continued Examination Fee \$810.00										
SUBMITTED BY 14 214										
Signature /	7/07/77				Registration No. (Attorney/Agent)	46,717	***************************************	Telephon	<sup>e</sup> (206) 336-5674	
Name (Print/Type) Ma	ame (Print/Type) Matthew-M-Gaffneys/Reg: 100 45,717							Date February 10, 2011		

This collection of information is required by 37 CFR \$\frac{2}{3}\$. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tractement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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